

TAX CLEARANCE CERTIFICATE

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COUNTY OF _____

SERIAL NUMBER/HULL NUMBER	DECAL NUMBER/CF NUMBER
LOCATION OF HOME	ASSESSOR'S PARCEL NUMBER
CURRENT REGISTERED OWNER NAME ADDRESS	APPLICANT NAME ADDRESS

I hereby certify that the following have been paid:

” Delinquent license fees

” Property taxes applicable to the home identified above through the fiscal year ___ - ___.

” A security deposit for payment of the property taxes for the fiscal year ___ - ___.

” No taxes due or payable at this time.

This certificate is VOID on and after _____, _____.

There may be a supplemental assessment not covered by this Tax Clearance Certificate that may create an additional bill.

COUNTY TAX COLLECTOR

Dated _____, _____

By _____
Deputy